



Georgia Athletic and
Entertainment Commission
Room 802 West Tower
#2 Martin Luther King Jr. Drive
Atlanta GA 30334
404-656-2868

DATE: _____

SUBJECT: Verification of Boxing/Martial Arts Experience

FROM: Georgia Athletic and Entertainment Commission

By signing this form below you are certifying that _____
Name of Boxer/MMA Fighter

has, in your judgment, the necessary skills to qualify and be licensed as a professional

boxer/MMA Fighter in this state. You make this judgment based on the following: (Circle
all that Apply)

- The above named Boxer/Martial Artist has been training at your gym. If YES,
how long _____
- You have witnessed the above named Boxer/Martial Artist spar and train and feel
he/she is duly qualified
- You have first-hand knowledge of the above named Boxer's amateur boxing
experience. If YES please include his/her amateur pass book. (boxers only)

What, if any, relationship do you have with the above named boxer/ Martial Artist?

Current type of license you hold with the Georgia Athletic and Entertainment

Commission _____

Trainer/Manager's Name _____
Please Print

Signature

Date